



Completed Forms May be Emailed to [grimeswaterdept@grimesiowa.gov](mailto:grimeswaterdept@grimesiowa.gov)

## Utilities

### Applicant Information - All Responsible Parties

#### RESIDENTIAL:

\_\_\_\_\_  
FIRST NAME MI LAST NAME

Social Security # / OR TAX ID \_\_\_\_\_

\_\_\_\_\_  
FIRST NAME MI LAST NAME

Social Security # / OR TAX ID \_\_\_\_\_

#### COMMERCIAL:

NAME: \_\_\_\_\_

Social Security # / OR/ TAX ID \_\_\_\_\_

#### **\*REQUIRED** FOR RESIDENTIAL AND COMMERCIAL PROPERTIES

Phone: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Email(s): \_\_\_\_\_ (bills will be sent by email)

DATE YOU WANT SERVICE TO BEGIN: \_\_\_\_\_

#### Service Address Information

#### Billing Address Information

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Apt or Unit: \_\_\_\_\_ Apt or Unit: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WILL YOU RENT OR OWN?** \_\_\_\_\_ Own \_\_\_\_\_ Rent (\$100 DEPOSIT REQUIRED FROM RESIDENTIAL RENTERS)

Landlord name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature:**

\_\_\_\_\_  
**Date:**

By submitting this application, I request that The City of Grimes supply water service to the service address submitted. In exchange for this service, I promise to pay such applicable rates and charges for water service, as established from time to time by the City Council in full, due upon receipt of invoice.